

in this Chamber in the middle of the night, this leadership pushed through a drug plan wherein they called for the vote at 3 o'clock in the morning; and at the end of the voting period, the 15-minute voting period, the bill had lost and it had lost because it is a bad bill. We kept the vote open, and the press says they got the President out of bed at 4 o'clock in the morning so he could twist arms and make phone calls and, finally, after 3 hours, they got a couple of freshmen and they apparently pressured them to change their minds because they came walking down the aisle and, at about 5 minutes to 6 a.m., this bill passed. We are now living with the results. The senior citizens of this country know they have been taken advantage of.

Mr. Speaker, I look forward to November when the seniors will have their opportunity to respond.

THE FIRST STEP TO A BETTER MEDICARE: DISCOUNT PRESCRIPTION DRUG CARDS FOR OUR SENIORS

The SPEAKER pro tempore (Mr. FEENEY). Under the Speaker's announced policy of January 7, 2003, the gentlewoman from Connecticut (Mrs. JOHNSON) is recognized for 60 minutes as the designee of the majority leader.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise with pride and pleasure to recognize this June 1 as the first time in history that the seniors of America have had the opportunity to purchase a Medicare drug discount card as the first step, but only the first step, in reducing the cost of their prescription drugs.

My colleagues have heard a lot here tonight. We have heard some very sharp things from the speaker who just preceded me. But listen to this: this is a widow in my hometown of New Britain who takes Zithromax; and because of this discount card at a local pharmacy in New Britain, instead of paying \$46.50 for her Zithromax, she will now pay \$39.44. She takes Nystatin. Instead of paying \$35 for Nystatin, she will now pay \$15 for Nystatin. And so it goes. One of the other drugs she takes costs \$40 and now will cost \$11.50.

Mr. Speaker, this widow for whom every dollar is precious will save \$730 on her prescription drugs every year, including this year. Now, that may not be a lot to my colleagues, but for someone spending \$2,000 on drugs a year, a little over \$2,000 on drugs a year, that is a lot. That is 29 percent, almost 30 percent, of her drug costs.

So this is a good day for seniors, and I and my colleagues are going to talk about a lot of the things we have been told tonight about this prescription drug program. But we are here to say, you be the judge. We are here to say, do not let nay-sayers, do not let others rob you of the hundreds of dollars of savings on the prescription drugs on which your health and well-being depend. You be the judge. You find out

the facts. You be the judge. It is real simple.

But to start off tonight, let me turn to the gentleman from Pennsylvania (Mr. ENGLISH), a very good friend of mine on the Committee on Ways and Means.

Mr. ENGLISH. Mr. Speaker, I want to thank the gentlewoman. I want to rise today not only to mark this historic day for Medicare beneficiaries because today, for the first time since the program's inception, Medicare, through a discount card, will be providing real relief to seniors who struggle to pay for their prescription medicines.

I want to acknowledge that, but I also want to especially acknowledge the efforts of the gentlewoman as chairman of the Subcommittee on Health for making this legislation possible. I am very proud to have been part of the team that helped put this legislation together and see it through to the end; and I am also glad to be on the floor tonight, having heard some of the extraordinary claims from a number of Members who consistently voted against prescription drug benefits for seniors. They are now trying to run down the program that we put together, we fit into a budget, and we got passed in the House. The record shows that they did not offer a credible alternative, they did not offer a budget that they could fit it into, and they were talking a lot about seniors, but not delivering.

The discount card program that was created under the Medicare reform bill that we passed will also ultimately create a prescription drug program that will be available by 2006 for every Medicare beneficiary. But what we have done, which is so important, is offer an interim program to provide immediate relief for seniors. Because I know, as the gentlewoman found in her district in Connecticut, in my district in Pennsylvania, what seniors wanted was some help that would be available quickly. And when I brought the head of CMS into my district for a town meeting and he said it would take a couple of years to ramp up a prescription drug program, they made it very clear, that group of seniors in Mercer County, Pennsylvania, they wanted to see something quicker, and that is what we have been able to do.

These discount cards are meant to provide a transitional program, especially for the approximately 10 million Medicare beneficiaries who have no drug coverage. Seniors have been enrolling in the numerous discount cards in their area since May 3; and today, many seniors will begin to enjoy savings on their medicines. CMS, the Center For Medicare and Medicaid Services which administers the Medicare program, estimates that seniors will save between \$3.8 billion and \$5.1 billion over the 2-year duration of the program. This is a substantial amount of money.

For an annual enrollment fee of no more than \$30, seniors will enjoy sav-

ings on drugs of up to 30 to 60 percent on generic drugs, 16 to 30 percent or more on usual retail prices, and 11.5 to 17 percent off average retail prices with significantly larger discounts available on mail order drugs. This is in real contrast with the message we have heard from some of the critics. These are real savings.

Even better, beneficiaries can choose the card that gets them the lowest prices; and if they wish, they can also get help finding low or no-fee cards, cards that include specific neighborhood pharmacies and/or cards from specific sponsors. But the important thing is, this drug card, I think appropriately, provides additional assistance to low-income seniors through a direct subsidy. This is a big benefit to seniors in my district.

Today, seniors with limited means are eligible for a \$600 annual credit that goes a long way toward paying for their medication. In my home State of Pennsylvania, we have had a great program for low-income seniors called the PACE program, which provides a prescription drug benefit for low-income seniors who do not otherwise have such a benefit. This has been, I think, the hallmark of Pennsylvania State government for many years and an extraordinary success for those who are eligible.

With this new Medicare legislation, the \$600 credit will go directly to PACE and allow them to automatically enroll about 150,000 low-income seniors, lower PACE's costs, and allow PACE to waive some \$6 co-pays which low-income seniors would otherwise have had to pay to get their medicines.

PACE beneficiaries will continue to use the card PACE issues them to receive the benefits of the new program, and seniors enrolled in a Medicare Advantage plan like Security Blue in my district will receive a drug discount card from that plan.

Other eligible Pennsylvania seniors can choose between 43 drug cards to find the benefit that is best for them. And as I think the gentlewoman is about to point out, they have one number that they can call to get the information that they need.

Mr. Speaker, signing up for the drug discount card and getting information on the plans offered in their area could not be easier. Seniors who want help in selecting a card should call 1-800-MEDICARE or visit the Medicare Web site at www.medicare.gov; and there it is, right there. There are 3,000 customer service representatives available 24 hours a day, 7 days a week to answer these questions. To enroll in a particular card, beneficiaries should contact that card and receive an application. There is a standard enrollment form that will be accepted by all cards.

Mr. Speaker, what is interesting to me is some politicians and special interest groups with their own narrow agendas have run down the prescription drug benefit as ineffective. But I

would ask them how guaranteeing savings ranging from 11 to 60 percent is ineffective, especially considering the enormous credit for low-income seniors.

After many years, and after the House of Representatives, having acted in two prior sessions, Congress has finally acted to give our seniors an affordable, flexible, and dependable Medicare program. Today, we ring in a new era of better prescription drug coverage. Tomorrow, we will broaden that benefit and work to make sure seniors continue to get the benefits they have earned.

As one of the earlier speakers noted, perhaps indeed people will remember this on Election Day. But I think as they look at this program, they are going to decide that this is a very substantial benefit. This is a remarkable accomplishment. This is a massive moving of the Medicare program in the right direction, and I think it is going to provide substantial benefits for a lot of seniors that need it.

Again, I want to thank the gentleman for her extraordinary efforts.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman from Pennsylvania for his comments. It is absolutely true that this was the first bill ever passed by the House that provided a discount card. Every other bill passed or proposed, whether by the Republicans or a bipartisan group or the Democrats, waited 2 years to provide any senior with any benefit. That was just too long. And while my colleague from the other side who spoke just before we took our time said some seniors will not benefit at all, he pointed to those seniors who have very good employer-provided coverage. That is about 30 percent of seniors. What he did not say was that no low-income senior, now that we are at June 1, will ever again pay more than \$5 for a drug, a prescription drug. All low-income seniors in America, no more than \$5 for a generic; and much less than that that many will pay, \$1 per prescription.

Now, that matters to our seniors, I say to my colleagues. That is important in their lives, and I am proud that we have brought that to them.

I am very proud to have another colleague of mine from the Committee on Ways and Means, the gentleman from Arizona (Mr. HAYWORTH), join us as we talk about this prescription drug discount card now available to our seniors across America on this day, June 1.

Mr. HAYWORTH. Mr. Speaker, I thank the gentlewoman from Connecticut for reserving this hour for some straight talk with the American people, and I appreciate her efforts and the efforts of a majority of Members of this House, working with a majority of members of the other body, to have our President sign into law prescription drug benefits as a part of Medicare, now the law and now the reality.

□ 2030

And I share, I do not know the best way to describe it, Mr. Speaker, my

colleagues, I guess bemusement in one sense, serious concern in another very real sense, to hear the double-talk, the deception, the incredible mischaracterization of something good for the American people and for our seniors, updating Medicare, bringing it into the 21st century, offering real results and real savings, with drug discount cards now available to seniors on Medicare.

Mr. Speaker, my colleagues, it has been amazing to look at the coverage in the last month. My friend from Connecticut pointed out the real results for a widow in her hometown of New Britain. We had our colleague from Pennsylvania, another member of the Committee on Ways and Means, talk about his constituents in one of the counties he represents welcoming real savings.

I can tell you, this is what really is amazing, Mr. Speaker, my colleagues, those who come to this Chamber time and again and purport to have the interest of the poorest seniors in mind and in their heart, these same people say to our seniors do not bother to sign up.

Mr. Speaker, my colleagues, we need to reiterate this for the American people to hear and understand in Arizona, 106,000 seniors, single seniors with incomes under \$12,500, married seniors, with incomes of under \$16,800, those seniors are eligible right now for \$600 to pay for their drugs, to take a serious bite out of the situation where seniors have to choose between medicine and food on the table. Here is money to help them now; and yet there are Members of this House who say, well, it is just too confusing. They should not sign up for it. Nothing could be further from the truth.

We held meetings in the district. We spoke with over 1,000 seniors. My colleague has brought to the floor the telephone number, 1-800-MEDICARE. She will provide the steps necessary. Very simple: Medications you take, your zip code, the other information you can actually find out how to do this.

And something else that is very troubling, and again, ironically, we heard it from the other side, one speaker from the other side would come and talk about America's greatest generation, the generation that won World War II, the generation that put a man on the moon, the generation that helped to end racial discrimination and fight for civil rights, and now we are told that members of this generation are incapable of making decisions, are incapable of shopping, when we know, we serve these people.

They compare candidates, they go to the store, Mr. Speaker, my colleagues. When people turn 65, and my own parents will turn 72 this year, but when they turned 65 nobody showed up at their front door saying, hi, I am your federally appointed shopper, and I am going to take you to the one Federal store down the street and you are going

to pick up Federal flakes for breakfast. We did not do that in any other part of our economy.

Yet the same folks who purport to be friends of the most economically challenged in our society want us to believe that our greatest generation is incapable of making decisions.

Mr. Speaker, I know it may come as a shock to the other side, but I love my parents. They will turn 72 this year. They make decisions all the time. Other seniors have the gift of health and health care and the ability to evaluate make decisions all the time. We are simply saying let us offer choices to seniors. That is what this drug discount card does. That is the opportunity we have.

My colleagues have pointed out 3,000, upwards now of 4,000, call center experts, 24 hours a day, 7 days a week, 400 new workers hired in the Phoenix area alone to deal with these calls at a call center. The seniors we met with understood the card program. They want to take advantage of the program because they understand we are talking real money.

And, again, I would point out it is interesting how this town can take a term like compassion and fold it and spindle it and mutilate it when, in fact, we have something that delivers for seniors.

The good news is we celebrate one month of a milestone today for signing up and putting this in action. The other news we point out is that the program does not go away. It continues. We encourage our seniors, Mr. Speaker, my colleagues, to take advantage of the program, to call 1-800-MEDICARE or check the Web site www.Medicare.gov, take advantage of what is available, because you can utilize savings and realize savings in some cases on generic drugs up to 60 percent discounts. That is real money.

And it may not be much to the command and control guys who believe one size fits all or have this grand vision of socializing medicine and having government as they measure compassion delineated by a dictatorial one-size-fits-all program from Washington that takes away choice, that takes away personal incentive, that robs people of the very intellect that helped take our society to such great accomplishments as mentioned earlier. Hate to think it comes down to politics, Mr. Speaker, my colleagues, but what else can you be left with? What other conclusion can we draw?

To hear speaker after speaker from the other side saying it is bad, it is complicated, it is confusing, friends, about the only thing they are confused about is the notion that people can save real money and this can have a positive impact on the lives of those who, in many cases, in the cases of 106,000 Arizonans, have a tough situation at home choosing between their prescription drugs they need, putting food on the table. This Congress, working with this administration, has offered real results.

Let the others carp and complain, Mr. Speaker, my colleagues. I would put them on notice that when you deal in deception and double-talk and disinformation, Mr. Speaker, do not be surprised if those who do so are headed for defeat in November trying to pull these political stunts, trying to offer spin to counter the facts and, ultimately, literally costing the seniors who are looking for solutions, costing them prescription drug coverage all because we deign to let those seniors have the same freedom of choice they exercise in every other sector of the economy.

Mr. Speaker, I thank my colleague from Connecticut for the time. I salute her efforts.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman from Arizona (Mr. HAYWORTH). I must say that some of the statements made by my colleagues from the other side in preceding times do need to be answered.

Mr. Speaker, let me say that it is disconcerting and unfortunate, frankly, that Members will get up and say things that are so distantly related to the bill. For instance, someone said, why do not we have a prescription drug benefit that is part of traditional Medicare? That is what we should have passed.

Folks, that is what we did pass. The bill we passed made prescription drugs a benefit under Medicare. Just like part B is a benefit under Medicare through which you get access to doctors' care in their office, to the costs of tests and things like that, MRIs, all those things, part D will give you access to prescription drugs. It is a part of Medicare. The discount card is a part of the prescription drug benefit. It is a part of Medicare.

I appreciate that the gentleman who used that phrase did not vote for the bill, but that does not excuse misleading the public about it. If Jeanne had not been a self-starter, my widow friend in New Britain, if she had not been so thoughtful, she would not now be able to pay \$11.50 for a drug she used to pay \$40 for.

Let me just show you here a minute how easy this is. Because this word "confusion," "confusion," "this is so hard, our seniors will not be able to follow, they will not be able to understand," you see how easy it is.

First of all, write down your zip code. Very important. Write down your zip code. Because Medicare is going to tell you the price of your drugs at various pharmacies in your area, and they can decide that through using your zip code. If you want to know about two zip code areas because you live near a border, fine, use two zip code areas. But have your zip code written down so you will be ready to say it accurately when the question is asked.

Then write down your medications. Write down the name of each drug you are taking. Write down the dose. Because you do not want to find out the

price for the right drug but the wrong dose. You want to find out the discount price for the right drug, the right dose, taken so many times a day.

So get all your facts laid out: The names of all the drugs you take and the dosage of those drugs, and the cost that you pay, just so you know. When you have that information, your drugs, the dose, the cost, and your zip code, then, easy as pie, call 1-800-MEDICARE. We are going to put that back up in a minute. Call 1-800-MEDICARE; and one of the now 4,000 operators who are available 24 hours a day, 7 days a week, and, of course, remember to call in the evening, call in the early morning so you will not have to wait, call on the weekend you will not have to wait. Call Monday or Tuesday, the wait will be longer. You know that from many sales activities you have done throughout your life. Call 1-800-MEDICARE.

Or go have your daughter your son or your grandchild, if you do not feel comfortable doing it. Go to the computer and go into www.Medicare.gov. So it is easy to get to a person or to a program in the computer that will then ask you for the information I have told you about, your zip code, the names of every one of your drugs, the dosage, and then for your information also what you pay per drug. And then you should have your income. That is the next bit of information you need to have. Because by telling the operator your income that operator will know whether or not you are one of the people that qualify for this \$600 credit.

Low-income seniors that do not have any readily available cash have a hard time just buying those antibiotics they may desperately need to get over an illness. We understand that. So this discount card is not just a discount card. It is a \$600 cash benefit for those who need it, those below 100 percent of poverty income; and then using that cash credit and the discount, you see, they will pay a lower price and stretch out that \$600 available to them.

□ 2045

So as one of the columnists that I read said, a low-income senior who has an income less than \$12,500 a year for a single person or for less than 16,000, almost 17,000 for a married couple, they should not walk to the discount card. They should run to get this discount card, because they will pay no more than \$1 for generics or up to \$5 for prescription drugs, an extraordinary benefit for them.

Finally, look for this label on the discount card: Medicare approved. That is why it is part of Medicare, because it has gone through the process of being approved by the government and being, consequently, if it does not perform fairly, if it says it is going to charge you one thing and it charges you a lot more, the government is there enforcing the rules, penalizing them and forcing them to comply what it promised to you.

There is a lot more to this program, but I did want to run through how easy it is to sign up, how easy it is to figure out which card is for you, but I will not go into any further details because I want to hear from my colleague, the gentleman from Georgia (Mr. GINGREY), who is also a physician, who therefore has a very tangible and real understanding of the terrible hardships that patients, who cannot afford the drugs they need, face in our communities and what an important first step, only a first step, this discount card will be.

Mr. GINGREY. Mr. Speaker, I would like to thank the gentlewoman from Connecticut (Mrs. JOHNSON) for putting this time together for us tonight to make sure the Members of this body understand how important this new benefit is. And the gentlewoman's mention, of course, that I am a physician by profession, and I did that job for 30 years and certainly had lots of seniors, lots of Medicare patients and understand some of the hardships that they are going through, as she points out. She knows as well as I do, because her husband was also an OB-GYN physician for many years.

Mr. Speaker, I wanted to mention something. I could not help as I came to this Chamber hearing one of my colleagues from the other side of the aisle, the gentleman from Ohio, talking about how bad this program is and how the bill was passed in the dark of night after hours of debate. Mr. Speaker, as the gentlewoman said, I am an OB-GYN physician. I can tell you right now that my patients, they might have come in in the dark of night and delivered in the bright of day or they came in the bright of day and delivered in the dark of night. It does not matter. Just like an obstetrician, the Members of this body work 24 hours a day; and when we finally delivered a product, it was a beautiful baby. Just because it came at 5 o'clock in the morning, for the gentleman to suggest that we were trying to put something over on somebody.

And he also said, that gentleman from Ohio, talked about the pressure that the leadership on our side of the aisle put on three freshmen Members, freshmen Republicans, Mr. Speaker. I want to remind the gentleman from Ohio that there were about five freshmen on his sides of the aisle sitting in that front row just waiting until that vote changed so they could switch their no votes to a yes.

It is also important, Mr. Speaker, for the Members of this body and anybody who happens to have the opportunity to be paying attention, I hope the whole Nation is, that this bill, although in the House when it passed, December of last year, it was a close vote, absolutely a very close vote, but it was not a partisan vote. They are suggesting that this is a Republican bill. Well, certainly the Republican leadership had the guts to bring it forward, as did this President, the courage

to deliver on a promise, but this was a bipartisan bill. In fact, on our side of the aisle there was some 25 Republicans who voted no.

So certainly for them to suggest and to try to play this class warfare game, it goes back in fact to the elections of 2000, the old sorry loser man crowd, weeping and gnashing their teeth over the fact that they could not get the job done.

Mr. Speaker, people talk about how much you can get done, what a group of people or an organization can get done if nobody cares who gets the credit. It would seem to me that this harping and carping that we hear constantly from the other side of the aisle would suggest that they do care about who gets the credit or discredit. They are trying to discredit this program.

Mr. Speaker, I cannot think of any reason, none whatsoever, why a senior would not sign up for this prescription drug discounts card program that is going to be available to them over the next 18 months.

In fact, when I do my town hall meetings, and I just came from Columbus, Georgia, in my district, the 11th of Georgia, this morning we had a great town hall meeting at the senior center there. I talked to my seniors and said, look, if you can think of any reason, I want you to let me know. Because I want to bring that information back to the Committee on Ways and Means, back to the gentleman from California (Mr. THOMAS) back to the Subcommittee on Health, the gentlewoman from Connecticut (Mrs. JOHNSON), and I want to tell them about it. I want to make sure we have not missed anything. But I can tell my colleagues with a straight face, Mr. Speaker, that I can think of no reason.

Now when we get to the part D, the new Medicare prescription drug insurance program, optional program under traditional, as you know it, Medicare, or the Medicare advantage, seniors have a choice of that. And there will be maybe 40, 50 percent of them who will find that they already have something that is better, whether that is Medigap insurance coverage or they have health insurance coverage with a prescription drug benefit from a previous employer that they worked for for 30 or 40 years or whether they have TRICARE for life. There will be a number of seniors who decide that they already have something that is serving them perfectly well, and they decline this optional Medicare prescription drug benefit.

But to decline this card today, as the gentlewoman from Connecticut (Mrs. JOHNSON) points out, if you are low income, and we estimate that a third of the 41 million seniors who are on Medicare will be eligible for this credit, this \$600 credit plus the discount that will be affected on their medications up to 15 to 20 percent, why in the world would the other side of the aisle, the minority leader, tell her Members, go out and tell your constituents, tell

your seniors not to sign up for the prescription drug card?

Well, I am going to tell you what. If they do that, let them do that. That is fine. When their constituents find out that their friends and neighbors and other seniors across this country are getting this discount, and many of them are getting the \$600 credit, not just for 1 year but for 2 years, then I am telling you they are going to charge their Members with malfeasance of office is what they are going to do.

I think it is so unfair to suggest to just block something because they are so concerned about who gets the credit. I do not care who gets the credit. As I say, this was a Republican and a Democratic bill, a bipartisan bill, both in this Chamber and in the other Chamber. So let us get over that. Let us get over this sore loser man stuff and let us try to bring the benefits to the seniors. Because they have been waiting a long time. In fact, they have waiting 39 years. That is how long it has been since the original Medicare, when the first person to sign up for part B was former President Truman.

There is so much and the gentlewoman from Connecticut is so kind to give me some time, and I do not want to abuse that opportunity. I appreciate her letting me speak on this tonight. It is very, very important for people to understand that this discount card can only help you.

As the gentlewoman pointed out, you go to 1-800-Medicare, and the Secretary, Mr. THOMPSON, has hired 1,200 new people to man those phone lines, or go on line at www.Medicare.gov. It is simple as she said. You put in the zip code. And the most important thing is when you go on line or on the telephone is to know what medications you are on, know that price, know how often you take it, what the strength is. And then you see what cards are available to you and what cards give you the best discount. It is that simple.

I really appreciate the gentlewoman giving me the opportunity, Mr. Speaker, tonight to talk about this. It is so important. There are a few of us physician Members in this body. We do not have all the answers. In fact, I think the gentlewoman from Connecticut has a whole lot more answers than we do, as all the members of the Committee on Ways and Means and the Committee on Energy of Commerce, I commend them for the work they have put in to giving us this interim program as we wait for the full Medicare prescription drug benefit in 2006.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman. When you call up that 1-800-Medicare number and you tell them your zip code, your income and the drugs you take, they send you a printout. It has the pharmacy's name on it and the address and another pharmacy and that address right near you and another pharmacy and that address and the price that each of those pharmacies charges for each of the drugs that you take.

Now, then you can go on and you can get more. But you can tell them my favorite pharmacy is this. I want to know which card gives me the lowest price at my favorite pharmacy, and they will tell you that. Or you can say, I want to know where the lowest price is in all the surrounding towns; and they will tell you that.

So never have we brought the service of technology to our seniors as we have in this program, not just in advertising it but in having people there to assist seniors in deciding what card is best for them. And, of course, it is true, if you are in a program where your employer pays all of your drug costs, you will not need a discount card, but that is a very small percentage of our retired seniors. And if you are very, very poor, on Medicaid and the taxpayers are paying all of your drug costs, that is true, you will not benefit from a prescription drug discount card, although your State will. Your State will save some money, and that will help them carry the burden of other programs.

So, ironically, if you are on Medicaid, you will not feel the benefit. But in my State that has had to kill some Medicaid benefits, they are going to use the money we save them on Medicaid to strengthen another part of the Medicaid benefit for other Medicaid groups. So it is a good thing for everybody.

Now, just before we go on to some of my colleagues, I do want to say one other thing. First of all, year after year, we have failed in the House and Senate to be able to pass a bill. Year after year, seniors have waited. Year after year, seniors have begun to doubt whether we were as good as our word, whether we did care. This was the third time the House passed the bill. The first year the Senate passed the bill; the first session the Senate passed the bill. But together now we have a bill.

In the Senate, it was an extremely bipartisan vote. In the House, it was less bipartisan because of the nature of the House. But, in the end, it delivers to seniors a generous drug benefit that will result in half of America's retired seniors having no more than \$1 for generic costs and \$5 for brand name costs all across America. That is when the full program is implemented, the discount and the subsidy. So this is a giant step forward.

One of the gentlemen earlier talked about price, how the cards do change its price. Now, yes, it can; and we wanted them to. It is too bad really that we do not have more Members stop and remember their basic economics. There is not a senior out there that does not watch the sales. There is not a senior out there that does not go out and buy things regularly when they are on sale at whatever grocery store they are cheapest. And we know that, so we put all the discount cards out, and look what happened.

The first week they could advertise themselves. See these two cards had very high prices. For the bundle of 10 drugs that one of my colleagues from

the other side defined, they were going to charge a total of \$1,300 for just those 10 drugs. Well, they began to see, you see, what the other cards were going to charge; and they figured out, they figured out that even though it cost them a million dollars probably to put that card out there, they were not going to get any customers and they would lose all the money then put into developing their cards. They knew that a customer would be more likely to choose a card that was going to cost them only \$930 for the same group of drugs that this card was going to charge \$1,300.

There is not a senior I know that does not get it. \$930 is a lot less than \$1,300. You are going to sign up for this card. You are not going to sign up for these.

So what happened? Well, let us see. It only took one week, one week. Look what happened. Those cards brought their prices down to just about the same as the others. And each week there was change.

In other words, if you put a new product on the market, it costs you money. You invest in that product. And if you do not get customers to buy your product, I do not care whether it is drug card or an automobile or new shoes, you lose because nobody is buying your product. So if you want people to buy your discount cards, you better be sure you drive those discount prices low, and that is what we have been seeing happening. And I am proud of it, and we are going to see it happening more and more because this is the first time in history that prices have been out there on the Internet for everybody to see. Before that, you had to go store by store and then only you knew. Now everybody knows.

Let us turn now to my colleague, the gentleman from Texas (Mr. BURGESS), another physician in the House.

□ 2100

Mr. BURGESS. Mr. Speaker, I thank the gentlewoman for bringing this hour to the House of Representatives this evening, and I am so glad that she brought that chart because that chart really is so powerful in describing just what we are trying to do, what is available to seniors with this card, and that is by the free and full dissemination of information.

We live in the information age, and that information now being readily available on the telephone or the Internet, with the free availability of information, we have driven the cost of commonly prescribed drugs down a significant amount in the first 2 or 3 weeks that this discount program has been around.

I need to say again that the Medicare prescription drug benefit that we passed in this House last November 21 and was signed into law by the President in December will occur in two phases. The first phase begins today, begins June 1, and is a prescription discount drug card that is going to be available to every senior, but low-in-

come seniors will receive an additional \$600 benefit.

What is important about that \$600 benefit, you might say. Well, gosh, we are halfway through the year, so what is going to happen if I have not used all of my \$600? It rolls over until the next year. So my good friend, the gentleman from Georgia (Mr. GINGREY), who pointed out there is not one good reason not to buy or not to avail yourself of one of the Medicare prescription drug discount cards, there is even more reason to look at that card because essentially a low-income senior gets a \$1,200 benefit over the next 18 months' time until the full prescription drug benefit rolls out January 1, 2006.

The card will be voluntary. The prescription drug benefit program in 2006 will be voluntary, and no one locks themselves into purchasing that part B Medicare in 2006 if they take the discount card that is available to them today; and, again, what is so powerful about taking that prescription drug discount card today is we are likely to see prices change even more over the next month, over the next year, indeed, over the next 18 months until the full prescription drug benefit kicks in.

Now, in the interest of full disclosure, I did go on the Medicare Web site, and I did log in myself and put in my own ZIP code. I am fortunate enough not to be on any medications on a regular basis, but I made some up and put them in. Indeed, you can get information about your pharmacy or your mail order pharmacy if you use one. Some of the prescription drug cards do cost money, and perhaps that would be a reason where one of the gentleman from Georgia's (Mr. GINGREY) constituents would not buy into the program because the card costs \$30; but I submit to you the savings are going to be a great deal more than \$30 over the course of the next 18 months' time; and even more importantly, some of those cards do not cost anything at all. They are available simply from filling out the form, and no expenditure is necessary up front at all.

So if you are not hooked onto the Internet, your child or grandchild undoubtedly is; and, again, one of the other powerful things about this program is that we may even see physicians use this program and compare prices for their patients. If their patient comes in and says I would love to be on that Fosamax so my bones do not get so brittle, but doggone, it costs so much money, I do not know that I can afford it, perhaps their physician will even take the time and trouble to go on to that Medicare Internet drug site and find the best bargain for that senior so that they can take their medicine so they are not forced to choose between a life-saving medication and food on the table.

But for the first time, seniors are going to have highly competitive pricing available and readily available at their fingertips. They can shop for what is best for them; and most impor-

tantly, they can make an informed choice, but the choice will be up to them. It will not be up to someone sitting on the other side of this House who wants to do everything for them.

If you like this system, you can stay with this system after 2006, but the program will be voluntary. The prescription drug benefit program will be voluntary, and no one locks themselves into a future benefit by taking advantage of the prescription drug benefit card this month.

I submit again that the prescription drug discount card benefit that is available in 2006 will be even better because of the work that the gentlewoman from Connecticut (Mrs. JOHNSON) has been doing on bringing the prices down by making the information free and available and readily available to anyone who cares to look it up.

I thank the gentlewoman.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank my colleague, who is also a physician, for joining us this evening; and I am pleased to yield to the gentleman from South Carolina (Mr. WILSON), my colleague, this evening as we move toward the end of our Special Order.

Mr. WILSON of South Carolina. Mr. Speaker, I appreciate the gentlewoman's leadership on this issue. She has truly in the House of Representatives, working with our President, been the leader to establish the prescription drug benefit for the people of the United States; and I have seen firsthand how this is going to be helpful to the people in the district that I represent.

I have had the opportunity to travel the district, and I have heard criticisms tonight that are confusing.

We, as Congressmen, have a duty when a new law is passed to go and explain to our constituents the law and how it can be beneficial; and as the gentlewoman has so correctly pointed out, this is a law which can be easily understood which is so beneficial to the people of our districts.

Additionally, I heard criticism that it was so confusing they could not understand, but I agree very much with the gentleman from Arizona (Mr. HAYWORTH) that, indeed, this is the generation that survived the Depression; that won World War II; that protected our country's freedom in the Cold War. We know that the people who are affected by this law are very bright, very capable. I have faith that they will see through the confusion.

Additionally, I heard criticism that you might have 53 options. Well, how wonderful. That is not negative. That is positive. The gentlewoman has really explained it so well today and tonight by using the 1-800 number, by going to the Internet and how simply by providing your ZIP code and then you receive the information by having pharmacies in your immediate area specifically on the pharmaceuticals that you need, and so this is so easily understood, and I appreciate the gentlewoman's efforts to promote the bill.

I know that personally again as a Member of Congress, with her leadership, helped prepare mass mailings. I have had district meetings. I have had Medicare forums. We will have our district open house next week to provide information.

We have had meetings with the AARP, which provides an excellent brochure. I urge everyone to see the AARP brochure. It is very easy to understand, explains the full benefit; but today, June 1, 2004, is a crucial day because the discount drug card comes into effect.

My experience in traveling the district, when I was in Bluffton, South Carolina, at Palmetto Electric Co-Op, I was pleased to be with the Healthcare Leadership Council, Darren Katz, who gave a very authoritative presentation. We had wonderful people there from Sun City. They really were terrific, asking wonderful questions, and it came out a very positive experience.

Then in Aiken, at the Aiken County Commission on Aging with the Aiken County Community Hospital. We then found worksheets from the AARP which were so easy to understand.

At Hilton Head Island, which is one of the leading and most beautiful retirement centers and communities in the whole world. I was very fortunate to be at Tidepoint Community with Thom Jones and with the Golden Rule Company for a presentation and the Cypress Retirement Community and I met people, and it was extraordinary to me. I was talking to people who would come up to me and say, I was 90 last week. They were so much fun, and they were just such a delight to be with and an inspiration to me.

Additionally, in Orangeburg, South Carolina, I was there at Orangeburg County Aging Commission with the Orangeburg County Regional Hospital. This is a lower income area, and we had a real cross-section of the community, and it was wonderful to see them understand the availability of this card and what it would mean to them.

In Columbia, the capital of South Carolina, I had the opportunity to be at the senior citizen center at Maxcy Gregg Park; and, again, we had a cross-section of community leaders who came to find out about the program, and it was very, very encouraging.

Finally, I will be at the Gilbert Community Center in Gilbert, South Carolina, next week promoting the legislation, explaining the bill with the Lexington County Recreation and Aging Commission and also the Lexington Medical Center. I know that the people of Gilbert and the people famous for the 4th of July Peach Festival will be enthusiastic to get information about this and how it means so much to the senior citizens of our community.

Another part about the confusion, it is really my point, and what I have discovered at these meetings is the AARP is so helpful. We have chapters all over the United States. If you have got a question, obviously we have got the 1-

800 number, we have got the Internet connection which is easily available to everyone, but the AARP has the information. They have got wonderful and capable people who would be happy to meet with you. We know that these brochures are also at senior citizens centers throughout America. At every senior citizen center they are available, and people can find out and cut through the confusion.

I know personally that it has been my experience that when I worked with insurance and I was a real estate closing attorney for 25 years, I did not try to understand the insurance policy. I went to an agent that I trusted and I go to him or her and get the policy and I have faith in that. As a real estate closing attorney, I did not even imagine that people would understand a 20-page mortgage sometimes written in old English using English common law. You find a good attorney that you trust and you go to them; and it has been my experience, and you have referenced this earlier, and that is, go to a pharmacist that you trust. These are dear people. They really do care about their patients, their customers.

I know my next-door neighbor Bobby Perry and his daughter Roberta Vining are two of the finest pharmacists you can ever find. These pharmacists care about their patients. These are people who really make your heart warm; and so I would urge anyone, if politicians are confusing, do not get discouraged. Listen, first of all, to the gentlewoman from Connecticut (Mrs. JOHNSON), but after that, if you are confused, go to your pharmacist, talk with them, find out what they recommend.

Again, I want to thank the gentlewoman for her leadership. It has been inspiring to me as a relatively new Member of Congress, and I am just so appreciative of her persistence and her understanding of the issue and her devotion to promoting a real prescription drug benefit to the people of America.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I have served in Congress a long time; and when there is a real problem in the lives of the people you represent, I believe your job is to solve it. I believe your job is to take action, to do something; and I know that this is the most important health care bill we have passed for seniors since Medicare was founded.

It not only offers them prescription drugs. As I showed you earlier, it is absolutely voluntary. It is simple. You just use your ZIP code. You give us the pharmacist you like the best. You give us the names of your drugs, and we will tell you how much money you can save. It is not for everyone, if people already have very good coverage through their employers, but particularly important to those seniors who have no prescription drug coverage. It is real savings in their lives, and that is important to me.

When the whole bill goes into effect, we will pay 75 percent of the costs of their drugs, a gigantic step forward.

Just as we pay 80 percent of the cost of their visits to the doctor, we will pay 75 percent of the cost of their drugs. In the bill I wrote, it was 80 percent. We will get it up to 80 percent, but you have to act. You have to do something, and all these nay-sayers who voted against doing anything one more year, this would have been the fourth year we would have done nothing. What a record. All those nay-sayers are now telling you do not bother, do not bother.

Listen, take a minute, bother, call 1-800-MEDICARE. Do what Jean did and find out that you can save \$30 on one drug she has to buy every month, \$20 on another drug. It all adds up to hundreds of dollars. That, in my estimation, is a good thing. That helps our seniors.

I am proud of the bill we passed because it brings prescription drugs to seniors; but you know what else, not a senior I know does not have chronic illnesses. Twenty percent of our seniors have five or more chronic illnesses. Medicare does not pay for chronic illness care. The rest of the world knows about it.

Many, many employer-provided plans do a lot more for people with diabetes or heart conditions. Do you understand that in this prescription drug and Medicare reform bill, for the first time we are going to provide chronic disease management for our seniors? We are going to give them the kind of state-of-the-art support that means that people with chronic disease do not have to end up in the hospital, do not have to end up on dialysis if they have diabetes, do not have to fear going to the emergency rooms. I mean, it is going to be a revolution. It is bringing preventive health care right to those who have chronic disease and are going to suffer the most serious health consequences.

So this is about prescription drugs. This is about a discount card today, about a full prescription drug card subsidy in 2006 and about Medicare offering state-of-the-art care to people with chronic illnesses in a way it never has.

I am proud to have helped write this bill. I am proud that I was the only woman on the conference committee, because I think that is important.

□ 2115

Women and men both need to be present to make our laws, and do not any one of the young people watching tonight forget that.

But this is a big step forward, and do not let naysayers rob you of the very considerable savings this discount card could bring to you. And, remember, you be the judge of your interests. You alone can make that judgment. We here in Medicare have made it very easy, and I urge you to take advantage of the Medicare prescription drug discount card, which starts today, June 1.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 444, BACK TO WORK INCENTIVE ACT OF 2003

Mr. HASTINGS of Washington (during the Special Order of Mrs. JOHNSON of Connecticut), from the Committee on Rules, submitted a privileged report (Rept. No. 108-518) on the resolution (H. Res. 656) providing for consideration of the bill (H.R. 444) to amend the Workforce Investment Act of 1998 to establish a Personal Reemployment Accounts grant program to assist Americans in returning to work, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.J. RES. 83, PROPOSING AN AMENDMENT TO THE CONSTITUTION OF THE UNITED STATES REGARDING THE APPOINTMENT OF INDIVIDUALS TO FILL VACANCIES IN THE HOUSE OF REPRESENTATIVES

Mr. HASTINGS of Washington (during the Special Order of Mrs. JOHNSON of Connecticut), from the Committee on Rules, submitted a privileged report (Rept. No. 108-519) on the resolution (H. Res. 657) providing for consideration of the joint resolution (H.J. Res. 83) proposing an amendment to the Constitution of the United States regarding the appointment of individuals to fill vacancies in the House of Representatives, which was referred to the House Calendar and ordered to be printed.

NEW PRESCRIPTION DRUG CARD PROGRAM TOO CONFUSING FOR SENIORS

The SPEAKER pro tempore (Mr. FEENEY). Under the Speaker's announced policy of January 7, 2003, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I listened both on TV and also here in the well in person to the previous Special Order delivered by my colleagues on the Republican side of the aisle. I realize that they are well motivated and have the best of intentions in trying to put forward this prescription drug discount card program, but I have to say that I never believed it would work or accomplish anything to help seniors with their drug prices. Certainly what has happened today and the fact that so few seniors have signed up is a strong indication that it is unlikely to be effective and that it is unlikely to even be tried by most of America's seniors because they realize it is not really going to do much in terms of offering them discounts or providing lower prescription drug costs.

I think AARP was quoted in The New York Times today saying that they only had 400 seniors nationwide from the membership of their organization

that had signed up for the prescription drug cards. Their card. What is that, about, I do not know, five or so per State? It is unbelievable how few. Overall, I think there was another group that said about a thousand seniors had signed up for their card. Most of the other card sponsors would not even give out numbers. But it is clear very few seniors are signing up for it.

I think it is also true that when the Republican so-called prescription drug benefit kicks in in 2 years, in 2006, we will have the same phenomena, very few people will sign up, because it really does not provide much of a benefit.

But before I get into the whole issue of the discount drug cards, I want to mention, because I think a lot of times we forget, that the Democrats in the Congress, when this prescription drug proposal was being put forward by the Republicans, basically had a very simple proposal. We recognized the fact that Medicare has not traditionally included a prescription drug benefit and that the best way to include such a benefit was simply to expand Medicare in the traditional way and provide for the prescription drug benefit.

So our alternative to the Republican proposal essentially followed the outlines of Medicare part B. I think most seniors realize that their hospitalization is covered by Medicare part A and their doctor bills are covered by Medicare part B. Medicare part B is essentially a voluntary program.

A senior pays, I do not know what it is now, say approximately \$50 a month for the coverage of their doctors' bills, with a \$100 deductible, a 20 percent copay, and with 80 percent of the cost provided by the Federal Government. They can go to any doctor they choose and basically have it covered, 80 percent of the cost, by Medicare.

What we proposed, as Democrats, is to do the same thing with prescription drugs. Essentially, a senior would have a \$25 per month premium, with the first \$100 being deductible. Starting January 1, the first \$100 the individual had to put out for prescription drugs they had to pay out of pocket; and then, after that, 80 percent of the prescription drug costs would be paid for by the Federal Government and the individual would pay a 20 percent copay. There was no restriction. A senior could go to any pharmacy and buy any drug, name brand, generic, whatever was desired or whatever the doctor ordered that was necessary.

Also, we had a provision in our bill, in the Democratic bill, that said that the Secretary of Health and Human Services, the administrator of the Medicare program, would be required to negotiate lower prices. We estimate that that would result in price discounts of about 30 to 40 percent. I did not just pull that figure out of the air. That is what the Federal Government does with the Veterans' Administration. That is what they do with the military, the active as well as the retired military. They negotiate price re-

ductions, and they get reductions of something like 30 and 40 percent.

So it sounded like a very good idea. Democrats put it forward, figured this is an opportunity to expand a very successful program like Medicare and to include prescription drug coverage.

But the Republicans said, no, we cannot do that. Frankly, I think a lot of them do not even like Medicare. But, whether they like it or not, they are very much into the ideology, at least the House Republican leadership and the President are into the ideology that everything should be privatized and that Medicare is not a good program because it is a public, government-run program and the best thing is to privatize.

So we got into this very confusing privatization of Medicare in order to provide some kind of prescription drug benefit, which does not even start until the year 2006. So I have all along said it is a very political thing to do. If you want to provide a benefit, you provide it immediately. You do not wait until after the next election, or really way beyond even the next election.

I want to talk about the discount card program, but if we look at the benefit that is supposedly to be provided beginning in the year 2006, we find that you have to put more money out of pocket into it than it is worth in terms of what a senior actually gets. There is a huge gap, some call it a donut hole, where you do not get any benefits, but you keep paying the premium. There is no designated premium, and there is no guaranteed discount.

In fact, there is a provision in the Republican-passed bill that was sponsored by the Republicans and supported by the President that says that the Secretary of Health and Human Services, the Medicare administrator, cannot negotiate prices because they do not want the Federal government negotiating prices or providing any discount. And, frankly, that is because the Republican bill was written by the drug industry; and they want to make money. They do not want to lose money by having discounts.

We can get into what is going to happen in 2006, in another couple years, because we have a lot of time. But, in the meantime, what the Republicans put in their bill was that, beginning June 1, which is today, and until the time that the so-called benefit kicks in, more than 2 years from now, that they would provide these discount cards. And that was, of course, the discussion by my Republican colleagues in the last hour and what I would like to get into tonight.

I would say just the opposite of what my Republican colleagues said earlier, that there is no benefit to these discount cards. I do not even see how anyone will get a discount because the prices of drugs have gone up way beyond whatever discount might be provided. And this system is so terribly confusing, there is really no way to